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02/05/2000

SMALL ENTITY

THOMAS, KAYDEN, HORSTEMEYER & RISLEY, LLP 600 GALLERIA PARKWAY, S.E.

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ı	(Depositor's name)	Julie Campbell	
	(Signature)	July Constell	
l	(Date)	April 7, 2009	

DATE DUE

		Apri	1 7, 2009	(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/614,339	07/08/2003	Clement Robertson	60707-1360	7869

TITLE OF INVENTION: METHOD AND SYSTEM FOR OPTIMIZING UTOPIA CLAV POLLING ARBITRATION ISSUE FEE DUE

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	EXAMINER		ART UNIT CLASS	CLASS-SUBCLASS	l				
	KANG,	SUK JIN	2419	370-241000					
	I. Change of correspondence address or indication of "Pee Address" (37 CPR, 1363). U Change of correspondence address (or Change of Correspondence Address form PTO/SBI 122) attached. 2d "ree Address" indication (or "Pee Address" Indication form PTO/SBI 47; Rev 03-02 or more recent) attached. Use of a Customer Number is requisited.			or agents OR, alternation (2) the name of a single	3 registered patent attorn vely, e firm (having as a memb	era 2 Horsteme	1 Thomas, Kayden, 2 Horstemeyer & Risley, LLF		
				2 registered attorney or a 2 registered patent atto listed, no name will be	agent) and the names of u meys or agents. If no nam printed.	p to e is 3		_	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recondation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

BROOKTREE BROADBAND HOLDING, INC. NEWPORT BEACH, CA

Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government

4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

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The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0835 (enclose an extra copy of this form).

Dublication Fee (No small entity discount permitted) 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Date April 7, 2009 Scott A. Horstemeyer 34.183 Typed or printed name Registration No.

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